

City of Milwaukee

Request for Leave under the Family & Medical Leave Acts (FMLA)

Employee:		Job Title:	
Department:			
Division:		PeopleSoft ID #:	

I am requesting the following leave be paid or unpaid as indicated below with the understanding that the amount of paid leave I use cannot exceed the amount of the leave I have earned. I understand I must complete a separate Request For Leave Form for each separate family or medical leave request.

I am requesting leave for:	State FMLA	Federal FMLA
<input type="checkbox"/> My own serious health condition—Medical Certification must be attached.	State FMLA allows a combined maximum of 2 weeks paid sick leave, comp time, vacation and/or unpaid time per calendar year.	Federal FMLA allows a combined maximum of 12 weeks paid sick leave, comp time, vacation and/or unpaid time per calendar year.
<input type="checkbox"/> The care of my child, spouse, or parent with a serious health condition—Medical Certification must be attached. Family Member Name: Relationship to Employee:	State FMLA allows a combined maximum of 2 weeks paid sick leave, comp time, vacation and/or unpaid time per calendar year. Parent's-in-law allowed under state FMLA only.	Federal FMLA allows a combined maximum of 12 weeks including paid comp time, vacation and/or unpaid time per calendar year—but not sick leave.
<input type="checkbox"/> The birth or placement for adoption of a child. Date of birth or placement:	State FMLA allows a combined maximum of 6 weeks paid sick leave, comp time, vacation and/or unpaid time per calendar year that must commence within 16 weeks of birth or placement.	Federal FMLA allows a combined maximum of 12 weeks including paid comp time, vacation and/or unpaid time per calendar year—but not sick leave. Leave must commence within 12 months of birth or placement for adoption.
<input type="checkbox"/> The placement for foster care of a child. Date of placement:	No State FMLA pay substitution.	Federal FMLA allows a combined maximum of 12 weeks including paid comp time, vacation and/or unpaid time per calendar year—but not sick leave. Leave must commence within 12 months of placement for foster care.

(List Month/Day/Year in appropriate columns)	UNPAID LEAVE	CURRENT YEAR VACATION	PRIOR YEAR VACATION	COMPENSATORY TIME	SICK LEAVE
FROM:					
TO:					
TOTAL HOURS:					

I understand that leave taken for any serious health condition requires a medical certification form be attached to this request prior to taking the leave for non-emergencies, and that failure to return from leave may result in loss of my right to reinstatement. If I need additional time, I will contact my department prior to the time I am expected to return and make necessary arrangements.

Pursuant to State and Federal laws:

- This leave is counted against the employee's annual FMLA leave entitlement. Federal maximum is 12 weeks per calendar year for any and all reasons. State of Wisconsin maximums are indicated above. State and federal FMLA run concurrently.
- If a completed medical certification is not provided for leave for any serious health condition, then this leave may be denied pending receipt of medical information.
- The employee may substitute paid sick leave for FMLA leave as permitted by the State of Wisconsin FMLA, up to the amounts indicated above. An employee may substitute paid sick leave, comp time, vacation time OR unpaid time for FMLA leave, up to a combined maximum of 12 weeks as permitted by the federal FMLA, for the reasons indicated in the categories above.
- If the employee is on leave for his/her own serious health condition, the employee may be required to present a release to work with or without restrictions, or a fitness-for-duty certificate to be restored to employment.
- The employee will be restored to the same or an equivalent job upon return from leave.
- The employee will continue to pay his/her own normal employee contributions, if any, for health and dental insurance, and should complete form EBD-52. Questions—call DER-Employee Benefits Division at 286-3184.
- If the employee fails to return to work after taking FMLA leave, the employee is liable for the payment of all health and dental insurance premiums paid by the City of Milwaukee during the unpaid portion of the FMLA leave.

Employee Signature: _____ Date: _____

This request is: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	If denied, please explain (attach extra sheet if necessary):		
Reporting Officer's Signature:		Approving Officer's Signature:	
Title:	Date:	Title:	Date:

The signed copy of this form, approving or denying the request, should be given to the requesting employee. Managers having a question on a particular request should contact the Department's Personnel Officer.